

CIVILIAN PROGRESS REVIEW WORKSHEET			
PRIVACY ACT STATEMENT			
<p>Authority: 10 U.S.C. 8013 and Executive Order 9397.          Purpose: The social security number is needed to correctly identify the employee.          Routine Use: None          Disclosure is Voluntary; However, without it, it may affect the ability to accurately identify the employee and the records.</p>			
EMPLOYEE (Last Name, First, Middle Initial)	ORGANIZATION	DATE	PERIOD COVERED
Vargas Christopher L	15th/LSDMC	20020930	1 Apr to Sept 2002
<p>At least one progress review of the employee's performance against all the elements of the performance plan will take place during the appraisal period, normally at the midpoint. This worksheet will be used to further document this review, and may be filled out prior to and/or during the review with the employee. Use of this form is mandatory, and is meant to facilitate communication concerning performance. The process is intended for employee development and to help the individual. The employee should be made aware that the progress review is meant to provide feedback about his/her performance that may impact the rating of record at the end of the appraisal period. Do not forward the form to the personnel flight. It is filed with the AF Form 971, and a copy given to the employee.</p> <p>Indicate by use of an "X" the employee's performance at this stage of the appraisal period. Place an "X" at the appropriate place on the arrowed line. Use the space provided for any comments (optional). Performance items not observed are not rated.</p>			
	needs significant improvement	needs little or no improvement	COMMENTS
1. PROGRESS ON PERFORMANCE PLAN ELEMENTS			Multiple of Talents. No Task asked to perform beyond scope of ability. Valuable Asset to the Fabrication Flight.
- Element 1	←—————X————→		
- Element 2	←—————X————→		
- Element 3	←—————X————→		
- Element 4	←—————X————→		
- Element 5	←—————X————→		
- Element 6	←—————→		
- Element 7	←—————→		
- Element 8	←—————→		
- Element 9	←—————→		
- Element 10	←—————→		
- Element 11	←—————→		
- Element 12	←—————→		
- Element 13	←—————→		
- Element 14	←—————→		
2. COOPERATION/RESPONSIVENESS			
- Skilled at working with individuals or groups	←—————X————→		
- Is an enthusiastic follower	←—————X————→		
- Is a skilled leader	←—————X————→		
3. ORGANIZATIONAL SKILLS			
- Uses resources effectively	←—————X————→		
- Sees future problems and heads them off	←—————X————→		
- Plans and schedules work effectively	←—————X————→		
- Adapts well to new demands	←—————X————→		
4. COMMUNICATION			
- Listens well	←—————X————→		
- Effective in oral communication	←—————X————→		
- Writes clearly	←—————X————→		
5. DUTY PERFORMANCE			
- Work is of appropriate quality and quantity	←—————X————→		
- Work is timely	←—————X————→		
6. THOROUGHNESS			
- Completes a job on his/her own	←—————X————→		
- Follows up when necessary	←—————X————→		
7. ADDITIONAL ITEMS			
- Accomplishes required items as appropriate	←—————X————→		
RATER (Supervisor's signature)		EMPLOYEE (Employee's signature)	DATE (YYYYMMDD)
			20020930

AF FORM 869B, 19990701 (EF-V1)

EXHIBIT "1"

CIVILIAN RATING OF RECORD (Please read Privacy Act Statement on reverse before completing this form.)							
EMPLOYEE Last Name, First, Middle Initial <b>VARGAS, Christopher L</b>	SSN <b>464-43-6814</b>	ORGANIZATION <b>15 MXG/MXD</b>	PAY PLAN <b>WG</b>	SERIES <b>5423</b>	GRADE/STEP <b>05/02</b>	SALARY W/O LOCALITY PAY <b>\$29,656.27</b>	
APPRAISAL PERIOD FROM: <b>20020401</b>	TO: <b>20030331</b>		EFFECTIVE DATE: <b>20030601</b>				
<p>- Part A normally contains one to seven critical elements.</p> <p>- Rate the critical element(s) in Part A by placing an "X" in the appropriate block/box. The overall performance rating is derived from the ratings of the critical elements. A rating of "Does not meet" on any critical element results in a determination that overall performance is unacceptable. An Unacceptable rating is the basis for initiating a performance improvement plan and requires proper documentation. Contact the Civilian Personnel Flight for assistance.</p> <p>- Complete Part B, "Impact on Mission Accomplishment" for GS-14s and GS-15s (bullet format, limited to 8 lines). Optional to complete for others.</p> <p>- Complete Part C, "Award Justification" for those being recommended for an award (bullet format, limited to 8 lines).</p>							
PART A. Position Requirements. (Was the employee's performance Unacceptable or Acceptable on the Performance Plan's critical elements?)							
DOES NOT MEET		MEETS		DOES NOT MEET		MEETS	
ELEMENT 1		X		ELEMENT 8			
ELEMENT 2		X		ELEMENT 9			
ELEMENT 3		X		ELEMENT 10			
ELEMENT 4		X		ELEMENT 11			
ELEMENT 5		X		ELEMENT 12			
ELEMENT 6				ELEMENT 13			
ELEMENT 7				ELEMENT 14			
OVERALL PERFORMANCE RATING <b>R</b>		<p><b>R - ACCEPTABLE:</b> Rated "Meets Standards" on all critical elements.</p> <p><b>N - UNACCEPTABLE:</b> Rated "Does Not Meet Standards" on one or more critical elements.</p>					
PART B. Impact on Mission Accomplishment. (Mandatory completion required for GS-14s/15s.)							
PART C. Award Justification. (Part B may serve as Part C award justification.)							
<p>Combines technical competence with dependability and highly skilled.</p> <p>Outstanding performer with regard to surface preparation of Aero Space Ground equipment components.</p> <p>Completes all tasking in minimum time not requiring any guidance.</p> <p>Top-notch craftsman, devotes time and effort to the development of technical and professional competence.</p> <p>Avoids mistakes and errors while maintaining precise standards at corrosion identification and treatment.</p>							
PART D. Performance Award.							
AWARD (Enter "P" - Performance or "D" - DSO)		AWARD PERCENTAGE OR AMOUNT (If P cash, enter as a percentage, e.g., 1.5, or a dollar amount)		OTHER AWARD (For time-off awards, state number of hours)			
				16 hours			
<p>Certification for Time-Off Award (as applicable): I have considered fully the wage costs and productivity loss in granting this time-off award. The amount of time-off granted is commensurate with the individual's contribution or accomplishment. I also considered the unit's workload and unit employees' leave projections and certify that the employee can schedule the time-off award in addition to other scheduled leave. I also considered other available forms of recognition in determining the amount of this time-off award. Note: Ensure the number of time-off award hours previously awarded to this employee this leave year plus this award does not exceed 80 hours.</p>							
PART E. Certification. (Certify by having rater, reviewer, award approving official (if required), and employee sign and date this form.)							
RATER (Supervisor's signature and duty phone)				DATE (YYYYMMDD)			
<i>[Signature]</i> 448-0521				20030320			
REVIEWER (Signature and duty phone)				DATE (YYYYMMDD)			
<i>[Signature]</i> 448-0532				20030409			
AWARD APPROVING OFFICIAL (if required, signature and duty phone)				DATE (YYYYMMDD)			
<i>[Signature]</i> Col. USAF				20030417			
EMPLOYEE (Employee's signature and duty phone. Signature does not indicate agreement or disagreement.)				DATE (YYYYMMDD)			
<i>[Signature]</i>				20030411			

AF FORM 860A, 19990701 (EFV3)

COT APR 17 2003 51

**PART F. Civilian Promotion Appraisal.**

This appraisal is used for competitive inservice placement actions, including promotions, reassignments or demotions to positions with known growth potential, and other such instances. The ratings on this form are used as a part factor in determining final rank order of employees having substantially equal knowledge, skills and abilities, when the number of candidates exceeds the number of employees who can be referred to the selecting official for consideration.

**APPRAISAL FACTORS - MANNER OF PERFORMANCE (Do not complete if employee is a GS-15)**

Appraisal factors listed below represent work behaviors that can be observed in the context of the employee's current position and are considered predictive of performance at the next higher level. Based on your observations of the employee's performance, rate EVERY appraisal factor. Use the following scale in making the ratings. Place the number 1-9 in the block preceding the factor.

	LOW RANGE	CENTRAL RANGE	HIGH RANGE
	1. Very Poor 2. Far Below Fully Successful 3. Below Fully Successful	4. Slightly Below Fully Successful 5. Fully Successful 6. Slightly Above Fully Successful	7. Above Fully Successful 8. Far Above Fully Successful 9. Outstanding
9	1. <b>WORK EFFORT:</b> Exerts effort and shows initiative in starting, carrying out and completing tasks; spends time effectively performing work.		
8	2. <b>ADAPTABILITY TO WORK:</b> Picks up new ideas and procedures quickly; is easy to instruct; can adapt to the demands of new situations; understands and carries out oral or written instructions.		
8	3. <b>PROBLEM SOLVING:</b> Devises effective solutions to problems or identifies effective methods and procedures for accomplishing objectives.		
8	4. <b>WORKING RELATIONSHIPS:</b> Sensitive to the behavior of fellow workers, supervisors and subordinates; maintains effective working relationships with others.		
8	5. <b>COMMUNICATION:</b> Communicates clearly and effectively, whether orally or in writing.		
8	6. <b>WORK PRODUCTIVITY:</b> Productive during work time; completes his/her work projects, duties and tasks in a timely manner.		
8	7. <b>SELF-SUFFICIENCY:</b> Works independently with little need for additional supervision or help; follows through well; accomplishes all tasks required to complete a job on his/her own.		
9	8. <b>SKILL IN WORK:</b> Performs job-associated tasks well, whether they require physical, technical, professional, supervisory or managerial skills, is considered very skillful on the job.		
8	9. <b>WORK MANAGEMENT:</b> Effectively plans and organizes work; properly follows or implements management procedures, directives, regulations, or technical orders; ability to direct or evaluate or substitute for absent supervisor.		

**PRIVACY ACT STATEMENT**

Authority: 10 U.S.C. 8013 and Executive Order 8387.

Purpose: The social security number is needed to correctly identify the employee.

Routine Use: This information may be disclosed to another agency if the employee transfers to another agency.

Disclosure is Voluntary: However, without it, it may affect the ability to accurately identify the employee and the records.

AF FORM 860A, 10000701 (REVERSE) (EF-V3)